

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19554

**Entity Name:** GALEN HEALTH INSTITUTES, INC.

**Current Principal Place of Business:**

1031 ZORN AVE.  
SUITE 400  
LOUISVILLE, KY 40207

**Current Mailing Address:**

1031 ZORN AVE.  
SUITE 400  
LOUISVILLE, KY 40207 US

**FEI Number:** 61-1140524

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name APPLEBERRY, JAMES B.  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR  
Name CAPUTI, LINDA  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR  
Name CHATER, SHIRLEY  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title TREASURER, SECRETARY  
Name PETERS, JOSEPH R.  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR  
Name ROBERTS, FRAN  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title PRESIDENT  
Name VOGT, MARK A.  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

Title DIRECTOR  
Name WHEELER, MARK  
Address 1031 ZORN AVE.  
SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH R. PETERS

**TREASURER,  
SECRETARY**

**03/19/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date